


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000093</b> 1. Entity Name <b>BROOKWOOD MIAMI SERVICE CENTER CO., L.L.C.</b>	
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Principal Place of Business  
**50 DUNHAM RD.  
BEVERLY, MA 01915**

Mailing Address  
**50 DUNHAM RD.  
BEVERLY, MA 01915**



04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**04-3405242**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1000000509995  
04/28/06-80064-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRKLA, THOMAS N 50 DUNHAM RD BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, THOMAS M 50 DUNHAM RD BEVERLY, MA 01915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAEL, JOEL A 1350 AVE OF THE AMERICAS, STE 1910 NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

*Everett J. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/13/06*

Date

*978-927-8300*

Daytime Phone #